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959

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7590

10/29/2003

LAHIVE & COCKFIELD, LLP 28 STATE STREET **BOSTON, MA 02109** 

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(Depositor's name) (Signature (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/206,132	12/07/1998	GORDON J. FREEMAN	RPI-008CPDV	5096

TITLE OF INVENTION: TUMOR CELLS MODIFIED TO EXPRESS B7-2 WITH INCREASED IMMUNOGENICITY AND USES THEREFOR

	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional NO		\$1330	\$0	\$1330	01/29/2004	
	EXAMINER .		ART UNIT	CLASS-SUBCLASS	]		
NGUYEN, QUANG		1636	514-044000	•			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- $\hfill \square$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lahive & Cockfield, LLP 2DeAnn F. Smith, Esq. 3Cynthia L. Kanik, Ph.D.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Genetics Institute, Inc.

Cambridge, Massachusetts

☐ Sissue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ WX The Director is hereby authorized by charge the required fee(s), or credit any over Deposit Account Number 12-0080 (enclose an extra copy of this form Unrector for Patches is requested by apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.				4b. Payment of Fee(s):	The following fee(s) are enclosed:
Advance Order - # of Oppies 10  XX The Director is hereby authorized by charge the required fee(s), or credit any over Deposit Account Number 12-0080 (enclose an extra copy of this form		) is enclosed.	unt of the fee(s) i	A check in the amo	Issue Fee
		0-2038 is attached.	Publication Fee		
Thirties for Didden in an allege and the Laure Eco and Dublication Eco (if any) as to an apply any appropriately acid increasing the to the application identified above	erpayment, to	by charge the required fee(s), or credit any of this feet (enclose an extra copy of this feet)	Advance Order - # of Oppies		
1/28/04		paid issue fee to the application identified above	any previously p	nd Publication Fee (if any) or to re-apply	ctor for Patches is requested to apply the Issue Fee and

Cynthia L. Kanik, Ph.D., Keg. No.

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02/04/2004 FFANAIA3 00000037 120080 09206132

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02 FC:8001

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Signature

PTO/SB/17 (10-03)
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TRANSMITTAL		Annlie	cation	Numb	f	09/206132-Conf. #5096	
f - F)/ 0004		· · · · · · · · · · · · · · · · · · ·			-	December 7, 1998	
for FY 2004		Filing Date First Named Inventor				Gordon J. Freeman	
Effective 10/01/2003, Patent fees are subject to annual revision.			iner Na		ntor		
Applicant claims small entity status. See 37 CFR 1.27				ame		Q. Nguyen	
		Art Ur				1636	·
TOTAL AMOUNT OF PAYMENT (\$) 1,360.00		Attom	ey Do	cket No	D	RPI-008CPDV	
METHOD OF PAYMENT (check all that apply)				FEE	CALCU	LATION (continued)	
Check Credit Money Order Other None  X Deposit Account:	3. 4	ADDITIO	ONAL	FEES			
Deposit	Larg	e Entity	Small	Entity			
Account 12-0080 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)	-	Fee Description	Fee Paid
Deposit Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge	- late filing fee or oath	
Name Lahive & Cockfield, LLP	1052	50	2052	25	-	- late provisional filing fee or cover	
The Director is authorized to: (check all that apply)	1032	50	2052	25	sheet.	, ,	
Charge fee(s) indicated below	1053	130	1053	130	Non-Englis	sh specification	
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex parte reexamination	
Channel (a. (a) indicated below and a file of a	1804	920*	1804	920*		g publication of SIR prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1 840*	Examiner a	g publication of SIR after	
FEE CALCULATION	1251	110	2251	55	Examiner	action for reply within first month	$\vdash$
1. BASIC FILING FEE	1252	420	2252	210		for reply within second month	
Large Entity Small Entity	1253	950	2253	475		for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740		for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255	1 005		for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A	• •	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a bri	ef in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request fo	or oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		institute a public use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	*	revive - unavoidable	
	1453	1,330	2453	665		revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1501	1,330	2501	665	•	e fee (or reissue)	1,330.00
Claims below Fee Paid	1502	480	2502	240	Design iss		
Total Claims 33 -45** =   x   = 0.00	1503	640	2503	320	Plant issue		
Claims 3 -8** = x = 0.00	1460	130	1460	130		the Commissioner	
Multiple Dependent	1807	50	1807	50	Processing	g fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180		n of Information Disclosure Stmt	
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		each patent assignment per imes number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a sul	bmission after final rejection	
1201 86 2201 43 Independent claims in excess of 3	4040	770	2040	205	(37 CFR 1 For each a	idditional invention to be	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined	(37CFR 1.129(b))	<u> </u>
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	-	or Continued Examination (RCE) or expedited examination	$\vdash$
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		application	
and over original patent	Other	fee (spe	cify)	8001	Printed co	py of patent w/o color	30.00
SUBTOTAL (2) (\$) 0.00	*Red	iced by E	Basic Fi	ling Fee	Paid	SUBTOTAL (3) (\$)	1,360.00
**or number previously paid, if greater, For Reissues, see above	<u> </u>						
SUBMITTED BY	Posici	mtin - Al-				(Complete (if applicable))	
Name (Print/Type) Cynthia I Kanik Ph D	regist	ration No	· 137	320		Telephone (617) 227-7400	

I hereby certify that this correspondent US, in an envelope addressed to: MS shown below.	ce is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 311 021 194 Issue Fee, Commissioner for Patents, P.Q. Box 1450, Alexandria, VA 22313-1450, on the date
Dated: January 28, 2004	Signature: (Cynthia L. Kanik)

Date

January 28, 2004